NOTES and COMMENT

The W.H.O. Definition of Alcoholism

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A suitable, sensible definition of "alcoholism" is probably as much to be desired as any research development or finding. In the search for such a definition one enterprise not to be neglected is the clearing away of definitions that for one reason or another just will not do. In that process we may get clues to criteria for those that will. The place to begin is with "the best so far," those most widely used, those that command widespread assent.

One such definition is that published by the World Health Organization.[2] In a striking departure from its own previous publication[3] it redefined alcoholism thus:

> "Alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their inter-personal relations, and their smooth social and economic functioning; or who show the prodromal signs of such developments. They therefore require treatment."

The "excessive drinkers" of this definition (who are the "alcoholics" of the earlier one) are said to be differentially characterized by

> ". . . any form of drinking which in its extent goes beyond the traditional and customary 'dietary' use, or the ordinary compliance with the social drinking customs of the whole community concerned, irrespective of the etiological factors leading to such behaviour and irrespective also of the extent to which such etiological factors are dependent upon heredity, constitution, or acquired physiological and metabolic influences."

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[2] EXPERT COMMITTEE ON MENTAL HEALTH, ALCOHOLISM SUBCOMMITTEE. Second Report. World Hlth Org. techn. Rep. Ser., No. 48, Aug. 1952.

[3] EXPERT COMMITTEE ON MENTAL HEALTH, ALCOHOLISM SUBCOMMITTEE. Report on the First Session. World Hlth Org. techn. Rep. Ser., No. 42, Sept. 1951.

In so important a matter—at least as much as in the development of a criminal code—it is well to weigh every word. The intention is, of course, practical rather than pedantic: we are not likely to act more intelligently upon definitions or conceptions of alcoholism that are themselves excessively fuddled.

It is preferable to examine first for meaning, exactitude and utility the definition of "excessive drinking," since "alcoholism" is defined as a subclass of this class. We may drop, for this purpose, the irrelevant material beginning with ". . . irrespective of the etiological factors." "Excessive drinking" is, then, "any form of drinking which in its extent goes beyond the traditional and customary 'dietary' use, or the ordinary compliance with the social drinking customs of the whole community concerned."

The terms of the definition are, by choice, then, relative and sociological rather than absolute and physical. Amount of intake is irrelevant under the definition, provided only that it be above some local average or social norm. It seems fair to note that, whatever other value the definition may have it can hardly serve any purpose of biological or biophysical research. Except insofar as the mere fact of transgressing any social norm may have such biological correlates as heightened respiration or altered skin potential, the definition is biologically irrelevant, and what it does point to will not be peculiar to alcoholism. The utility of such a relativistic-sociological approach is therefore open to grave question. Applied in rigor, it lumps together a member of a teetotaling "community concerned" who takes one drink, and the highest-intake messmate in a regularly free-drinking mess. The probability of finding biological identities or similarities in such classification seems small.

Even for more limited, sociological purposes the definition leaves something to be desired with reference to almost every word-group in it.

The intended force of the phrase "the whole community concerned" is by no means clear—neither the meaning, in this context, of "community," nor that of the modifier "concerned." The question is, What is the community in question? Those who are *affected* are, serially, the drinker's family, neighbors, physician, the police, perhaps, and finally the taxpayers to whom he will become an additional cost. Those who *feel concerned* represent another, overlapping set; those *legally relevant* or *responsible,* still another. What is important here is that all of these represent mere ad hoc aggregates of persons, most distinctly *not* "communities," and therefore destitute of any common set of usages. They just cannot furnish, by their very nature, the standards against which the drinker can be assessed; a fortiori is it vain to speak in this connection of "traditional and customary . . . use." The very existence of statute law in a given domain is evidence that custom and tradition have disappeared or become attenuated, and that the "community" of which they were an expression has largely disappeared. With the utmost ingenuity and good will, there is still the gravest difficulty in giving any distinct and opera-

tional meaning to the standard the committee calls for as a measuring rod of the "excess" in the drinker's drinking.[4]

If we presume that the preceding difficulties have somehow been satisfactorily resolved, and that we know an "excessive drinker" when his drinking is described, what of the contention that "alcoholics" are a subset of this set? Clearly this cannot be the case if we want to include "arrested alcoholics" in the definition, for most of them are, presumably, nondrinkers. Again let us waive this point, presuming that we shall have to find a new term, then, for these no longer "active" alcoholics. What now of the subclass definition?

There are, first, some trivial difficulties. The sentence "They therefore require treatment" is a value judgment, surely not relevant to defining the condition as such. The statement that the "dependence . . . shows . . . mental disturbance . . ." must mean that the person who has the dependence shows the consequences. Let us take this amendment as made.

Less trivial is the question as to how one can reasonably define a disease and then assert that persons who have "its prodromal signs" also fall within the definition. If prodromal signs are the "manifestations of [an] impending disease," then either those having only such signs should be regarded as not yet having the disease, or the notion of that particular prodrome ought to be dropped and these foretelling signs regarded as the early part of the disease. To state that something is a forerunner and a part of the same entity contributes little to clarity; indeed it facilitates the evasion of a critical question: What is to be regarded as the point of onset of the disease?

As the remainder of the definition is written, it refers to six phenomena or sets of phenomena:

A, "a noticeable mental disturbance";
B, "an interference with bodily health";
C, "an interference with mental health";
D, "an interference with inter-personal relations";
E, "an interference with smooth social functioning";
F, "an interference with smooth economic functioning."

Quite apart from a perhaps unusually unhappy choice of terms,[5] the

[4] There are other difficulties, perhaps minor. What does "any form of drinking which in its *extent* . . ." mean? Does it refer to average volume of input per unit of time, or to deviations of dispersion, duration or what? What does "traditional and customary" mean? How can one speak meaningfully of tradition in such matters, in most cases, under modern urban conditions? How are the "dietary" and "social drinking" criteria logically connected—i.e., does the word "or" mean "and/or," and if not, how are cases showing the one but not the other to be classified? Are two separate forms of behavior being assessed or the relation of total intake to two standards?

[5] Unhappy in the sense that they are not independent (e.g., *A* is logically included in *C*; *D* and *E* are virtually synonymous) and unhappy in the sense that such terms as "smooth economic functioning" or "smooth social functioning" are both vague and of doubtful medical standing or ethical or functional value.

definition appears to say that we have alcoholism, under the stated conditions, if we have either

A or

$B + C + D + E + F$.

Apart from this oddment of aggregation, which we must be content to leave as a mystery, one must question the wisdom of including such social consequences as *D, E, F* in the definition of a disease. We do not usually say that a man has pneumonia only when he is unable to work smoothly because of it. Should we proceed otherwise with alcoholism? Why?

If, on the other hand, we drop *D, E, F,* and (properly) include *A* in *C,* we are saying a man is an alcoholic when alcohol[6] makes him sick in body or mind. This seems unexceptionable, but does not carry us very far in defining "alcoholism" for any practical purpose.

This is as far as the Committee's effort to define "alcoholism" denotatively goes. But one might perhaps take their next step, their "simple, broad classification" as a definition by connotation, though they do not make this claim themselves.

They say, serially, that "The process of development [of alcoholism] begins with . . . 'symptomatic drinking,'" but that "all forms of drinking . . . are by definition symptomatic." If all drinking is "symptomatic" (in the sense that all phenomena are underlain by or "point to" other phenomena) then we have redundancy added to bad usage. "Symptomatic" becomes virtually meaningless, and it is the "excessiveness" and not the symptomatic character of the drinking that is still at issue. We are returned to the simple contention that the first stage in alcoholism (part or "prodrome"?) begins with "excessive drinking."

Their scheme in essence breaks down now to the following:

I. Non-drinkers
II. Drinkers
  A. Nonexcessive
  B. Excessive
    1. Irregular
    2. Habitual
      a. Without addiction
      b. With addiction

Nonalcoholics

Alcoholics

This amounts to saying that "alcoholics" are habitual excessive drinkers, but what does "habitual" mean? When we say a man is "neurotic" or "a drinker" we refer to a habit rather than an episode, in any case. Whether the habit is periodic or "irregular" is somewhat irrelevant, since the "irregularity" merely points to something the law of whose appearance we do not, yet, understand. It is, even then, not clear whether the

[6] It is true the definition says not "alcohol" but "dependence" upon it. Since, however, the "dependence" is inferred from continued use in the face of sickness, it is hard to say what value it has for definition.

Committee is concerned with frequency per unit of time or periodicity, and, if the latter, why.

Since the Committee also clearly appears to believe that even an "habitual, excessive drinker" must show a given degree of "dependency" to qualify as an "alcoholic" we must make a further, most tenuous inference before we can decide whether a given person is "in" or "out." The attempt to define by connotation leaves us, therefore, with all the original difficulties.[7]

It is difficult to feel, in view of the foregoing, that we have from this report a satisfactory basis for defining "alcoholism" or the "alcoholic" either denotatively or connotatively. Before we can hope for clarity, it would seem we must do the following:

(*a*) Decide on the major use to which the definition is to be put (or, if there are several such, the several uses).

(*b*) Decide, on the basis of (*a*), whether absolute or relative criteria are relevant; and, if relative, relative to what?

(*c*) Decide particularly whether the desired criteria are physical (e.g., grams per second of absolute alcohol, average intake) or psychological or sociological—or each of these, for different purposes.

(*d*) Strip off irrelevancies and mere correlates.

(*e*) Define terms with rigor.

(*f*) Examine the resultant definitions for clarity, operational translatability, and utility.

(*g*) Present the definitions and the argument as to why they are to be preferred.

(*h*) Test their utility in practice.

(*i*) Review the whole in the light of the experience thus had.

[7] Plus some others. The Committee says that all other classifications can be fitted into the one they have given. It is difficult to see how the following recommended treatment classification (footnote 2 reference, *p. 4*) is related to everything (or anything) that has gone before: (*a*) Early alcoholism, and alcoholism without gross neurotic origins; (*b*) Alcoholism at the middle stages of the process, and alcoholism with primary neurotic characteristics; (*c*) Alcoholism in the chronic stage, and alcoholism with psychotic involvements; (*d*) Alcoholism with apparently irreversible deterioration.